

TODD ROKITA SECRETARY OF STATE CORPORATIONS DIVISION 302 W. Washington St., Rm. E018 Indianapolis, IN 46204 Telephone: (317) 232-6576

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.

Present original and one (1) copy to the address in upper right corner of this form.

Please TYPE or PRINT.

Please visit our office on the web at www.sos.in.gov.

Indiana Code 23-18-2-4 FILING FEE: \$90.00

AR*	TICLES OF ORGANIZATION	
The undersigned, desiring to form a Limited Liability Company (	hereinafter referred to as "LLC") pursuant	to the provisions of:
Indiana Business Flexibility Act, Indiana Code 23-18-1-1	, et seq. as amended, executes the fo	llowing Articles of Organization:
APTICLE	- NAME AND PRINCIPAL OFFICE	
Name of LLC (the name must include the words "Limited Liability (		
Principal Office: The address of the principal office of the LLC is		
Post office address	City	State ZIP code
	- REGISTERED OFFICE AND AGENT	. ,
Registered Agent: The name and street address of the LLC's R Name of Registered Agent	egistered Agent and Registered Office for	service of process are:
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Address of Registered Office (street or building)	City	Indiana ZIP code
AF	RTICLE III - DISSOLUTION	
☐ The latest date upon which the LLC is to dissolve:		
☐ The Limited Liability Company is perpetual until dissolution.		
AR	TICLE IV - MANAGEMENT	
☐ The Limited Liability Company will be managed by its member	pers.	
☐ The Limited Liability Company will be managed by a manage	er or managers.	
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In Witness Whereof, the undersigned executes these that the statements contained herein are true,	Articles of Organization and verifies,	subject to penalties of perjury,
this day of		
Signature	Printed name	
This instrument was prepared by: (name)	,	
Address (number, street, city and state)		ZIP code
		,